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KBN MISSION

It is the mission of the Kentucky Board of Nursing (KBN) to protect public health and welfare by development and enforcement of state laws governing the safe practice of

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Cover Photo: Pinnacle Peak rises 1,500 feet in elevation from the valley floor, allowing visitors to stand atop the 3,200-foot high peak. Now located within the Cumberland Gap National Historic Park, the peak was at one time a key Civil War defensive position. From the top, you can see Kentucky, Tennessee, and Virginia. Photo courtesy of www.byways.org, 2001 SEKTDA.

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president's message

Welcome to the first issue of the KBN Connection in our new full color magazine format! All of us at the Kentucky Board of Nursing (KBN) hope you enjoy our new image. As President of KBN, I am fortunate to work on very important nursing issues that will not only impact nursing as a profession, but will also impact the citizens of the Commonwealth. One of those issues that we will be facing in the coming year is the retirement of our Executive Director, Sharon M. Weisenbeck, RN, MS, planned for August 30, 2005. Let me take a moment to tell you what a challenge it will be to find someone to fill the shoes that Sharon will leave behind and to pay tribute to a person who has dedicated her nursing career to serving the needs of the public.

Sharon began her nursing career almost 40 years ago working as a staff nurse, charge nurse, nursing educator, and then for the Wisconsin Board of Nursing in the late 1970s. While there, she was instrumental in the beginning of the National Council of State Boards of Nursing (NCSBN). Sharon came to Kentucky as the Executive Director in 1980 and has served in that capacity since.

Under Sharon's leadership, KBN has become an efficient, effective part of state government. KBN maintains itself in a self-sufficient manner, which makes the organization independent in carrying out its functions and responsibilities. Through her efforts, relationships with other professional Boards and organizations in the Commonwealth have been enhanced. A number of other regulatory boards look to KBN for assistance and guidance in their efforts of public protection.



Sharon Weisenbeck

Sharon Weisenbeck exemplifies the Kentucky Board of Nursing's four core values: Distinction, Integrity, Responsiveness, and Collaboration. She is committed to quality and consistency in service; to honesty, fairness, and objectivity in developing and enforcing laws and regulations; to taking initiative, communicating openly, and demonstrating care and concern; to working cooperatively and promoting teamwork while respecting individuals. Sharon's list of accomplishments and awards alone would fill this issue. In short, our job of securing her replacement will be a daunting task for the upcoming year. In preparation, I have appointed a committee to develop the process we will follow in beginning the search for the next Executive Director.

Jimmy T. Isenberg, PhD, RN



ARNP EDUCATIONAL REQUIREMENT— MASTER'S DEGREE

Individuals preparing for advanced registered nurse practitioner (ARNP) registration in Kentucky are reminded that persons who complete a postbasic educational program after January 1, 2005 are required to hold a master's degree or post-master's certificate related to the ARNP designation. The post-basic program must conform to specific criteria to be acceptable to the Board and to meet the eligibility requirements for ARNP registration. The criteria are listed in 201 KAR 20:056 ARNP registration, program requirements, recognition of a national certifying organization, Section 2.

KBN LAWS AND LEADERSHIP PROGRAMS

The next KBN Laws and Leadership Programs are scheduled to be held, as follows:

- Lexington, Central Baptist Hospital, October 28, 2004
- Bowling Green, Western Kentucky University, February 11, 2005
- Prestonsburg, Jenny Wiley State Park, hosted by Eastern Kentucky University Continuing Education and Development, and Highlands Regional Medical Center, May 4, 2005

The programs provide an overview of the Board, Kentucky Nursing Laws, administrative regulations, new legislation affecting nurses, disciplinary action processes, complaint procedures, monitoring of nurses on probation, and the Kentucky Alternative Recovery Effort (KARE) for Nurses Program. It is an excellent program for nurse managers and administrative personnel as well as any nurse who wishes to learn more about his/her accountability, responsibility and compliance with nursing laws.

Additional information is provided on the Board's website. Should you wish to host/sponsor a program in 2005 or 2006, please contact the Board office for additional information.

KENTUCKY BOARD OF NURSING PUBLICATIONS

Kentucky Board of Nursing brochures and advisory opinion statements are available on the KBN website free of charge. If you require a printed copy of an AOS or other publication, you will find an order form under Publications on the KBN website, or you may contact the KBN office for the cost associated with the publication.

To order the publications listed below, check the item(s) you would like to receive, and make check or money order payable to the Kentucky Board of Nursing (address below). Please be sure to include license number on check, if applicable.

PUBLICATIONS A Bridge to 2000, History of the Deca Kentucky Nursing Laws Scope of Practice Determination Guid Summary Report of KBN Advisory On Nursing Practice Issues: FY 02-03	lelines	QUANTITY	TOTAL COS	T
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EDUCATIONCorner

According to Kentucky Board of Nursing Administrative Regulation 201 KAR 20:215, validation of CE/competency must include one of the following:

- 1. Proof of earning 30 approved contact hours, OR
- 2. A national certification or re-certification related to the nurse's practice role (in effect during the whole period or initially earned during the period); OR
- 3. Proof of earning 15 approved contact hours, PLUS at least **ONE** of the following:
- **a.** Completion of a nursing research project as principal investigator, coinvestigator, or project director. Must be qualitative or quantitative in nature, utilize research methodology, and include a summary of the findings;
- **b.** Publication of a nursing related article;
- **c.** A professional nursing education presentation that is developed by the presenter, presented to nurses or other health professionals, and evidenced by a program brochure, course syllabi, or a letter from the offering provider identifying the licensee's participation as the presenter of the offering.
- d. A nursing employment evaluation that is satisfactory for continued employment (must be signed by supervisor with the name, address, and phone number of the employer included);
- **e.** A successfully completed nursing employment competency validation (validated by employer with the name, address, and phone number of employer included);
- f. Participation as a preceptor for at least one nursing

Continuing Competency Requirements

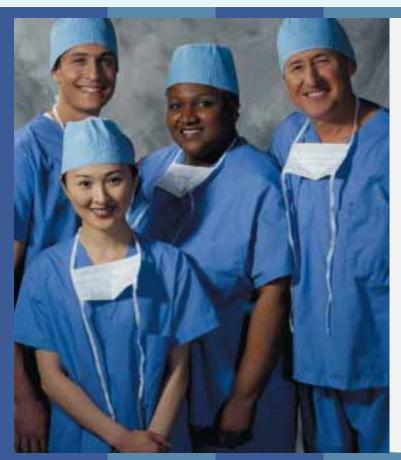
student or new employee undergoing orientation (must be for at least 120 hours, have a one-to-one relationship with student or employee, may precept more than one student during the 120 hours, and preceptorship shall be evidenced by written documentation from the educational institution or preceptor's supervisor).

There is a requirement to earn 3 contact hours of approved domestic violence CE within 3 years of initial licensure (one-time only). This requirement is included as part of the curriculum for nurses graduating from a Kentucky nursing program on or after 5/1998. The CE audit will monitor compliance of the 3 contact hours of domestic violence CE. Many nurses may have met this obligation during the previous renewal period, however, if selected in the random CE audit, the nurse will be required to furnish a copy of the certificate of attendance for domestic violence CE even if it was earned during the last renewal period. This requirement applies to licensure by examination, as well as licensure by endorsement from another state.

Also, ARNPs are required to earn 5 contact hours of approved CE in pharmacology within the 2-year period. Sexual Assault Nurse Examiners (SANE) credentialed nurses must earn 5 contact hours of approved sexual assault CE every 2 years (forensic medicine or domestic violence CE will meet this requirement). These hours count as part of the CE requirement for the period in which they are earned.

If audited, failure to provide documentation of having earned the required CE/competency will subject the licensee to disciplinary action in accordance with the *Kentucky Nursing Laws*.

continued on Page 24



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New Initiatives Passed by Legislature



The 2004 General Assembly passed House Bill 72, which created several new initiatives to be implemented by the Board of Nursing. The new initiatives are (1) annual renewal of licensure, (2) clinical internship, (3) retired status/deletion of inactive status, and (4) RN graduates becoming LPNs.

Annual licensure: Beginning July 2005, LPNs will renew licenses on an annual basis. Then in July 2006, all nurses, RNs and LPNs, will renew licenses annually. The reason for this is economic. In the past, RNs renewed in even-numbered years and LPNs renewed in uneven-numbered years. The state budget is a two-year budget. However, the Board received the majority of its operating income during the RN renewal year, which had to be carried forward. Having all nurses renew annually will create a more sound fiscal policy for Board operations. The fee proposed for the annual renewal is \$50, plus the two \$5 statutory add-ons (for the Nursing Incentive Scholarship Fund and for the Kentucky Alternative Recovery Effort for Nurses Program). The total annual renewal of licensure fee will be \$60. The continuing competency requirement for renewal will change as well. The proposal is as follows:

- Fourteen contact hours of continuing education, or
- National certification, or
- Completion of a research project, or
- Publication of a nursing-related article, or
- Nursing continuing education presentation, or
- Participation as a preceptor, or
- Seven contact hours of continuing education and a nursing employment evaluation.

Clinical internship: Beginning January 1, 2006, all applicants for licensure by examination will be required to complete a clinical internship of at least 120 hours before taking the NCLEX. A clinical internship is a supervised nursing practice experience that involves any component of direct patient care. The Board will issue the applicant a provisional license that allows the applicant to practice as a Registered Nurse Applicant (RNA) or a Licensed Practical Nurse Applicant (LPNA) under the supervision of a nurse. The internship must be completed within six (6) months of the issuance of the provisional license. Upon successful completion of the internship, the applicant will take the NCLEX exam, and if successful on the exam will be licensed.

An applicant for licensure by endorsement from

another state who has not practiced at least 120 hours as a nurse in the other state within the first year following graduation from a program of nursing will also be required to complete the clinical internship in Kentucky before being licensed here.

Inactive License/Retired Status: Beginning November 1, 2005 for LPNs and November 1, 2006 for RNs, the Board will no longer issue inactive status licenses. A nurse who does not wish to maintain an active nursing license in Kentucky may let his or her nursing license lapse. A lapsed license can always be reinstated at a later date (see administrative regulation 201 KAR 20:225 for reinstatement requirements).

Beginning November 1, 2005 for LPNs and November 1, 2006 for RNs, the Board will begin to offer a retired status license. A retired status license holder may not practice nursing in Kentucky but may use the title RN or LPN. There will be a onetime fee for the retired status license, which will not have to be renewed. A retired status licensee may apply for reinstatement to active status.

RN graduates becoming LPNs: Beginning with the effective date of the proposed changes to the applicable administrative regulations, RN graduates who fail the NCLEX-RN may apply to take the NCLEX-PN. Prior to taking the examination, these applicants will be required to complete a boardapproved practical nursing role delineation course. The course shall include content on the roles and responsibilities of an LPN and direct supervised clinical instruction. Additionally, a person who has completed an RN program and holds an LPN license from another state may apply for licensure by endorsement as an LPN in Kentucky.

The Board has begun the implementation process for these initiatives. Several administrative regulations are being amended and internal processes are being created. The public can access the proposed administrative regulations through KBN's website at http://kbn.ky.gov. On the home page, click on Kentucky Nursing Laws and Regulations on the left side of the page and follow the links. The full text of House Bill 72 can be found at www.lrc.state.ky.us. Click on Legislation and Legislative Record, then 2004 Regular Session.

For more information, contact Nathan Goldman (502)329-7009 or email Nathan.Goldman@ky.gov.



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BOARD ADOPTS ADMINISTRATIVE REGULATION ON LPN INTRAVENOUS THERAPY PRACTICE

In June, the Board approved a proposed Kentucky Administrative Regulation, 201 KAR 20:490, governing licensed practical nurse intravenous (IV) therapy scope of practice. The regulation has undergone the statutory review process by state legislative committees and became effective on September 15, 2004.

Following more than a yearlong study of the role and utilization of licensed practical nurses, the Board received and approved recommendations to expand the scope of licensed practical nursing practice in the area of intravenous therapy practice. Since 1983, the Board has published an Advisory Opinion Statement entitled "Roles of Nurses in IV Therapy Practice" as a guideline to nurses. The advisory statement did not

carry the force and effect of law; however, the administrative regulation does.

The regulation contains definitions of terms; education and training standards; supervision requirements; standards of practice; and permitted and prohibited functions. In addition, the regulation identifies IV therapy functions that are recognized as being within the current scope of licensed practical nursing practice, as well as identifies functions that will be an expansion of that practice. An LPN who has met the education and training requirements may perform select functions except as limited and under supervision as stated in the regulation.

The regulation requires that the education and training of LPNs who

perform IV therapy contain specific components and be based upon the Policies and Procedures for Infusion Nursing, Second Edition (2002), published by the Infusion Nurses Society (INS). This document, along with the Infusion Nursing Standards of Practice, may be obtained from INS, 220 Norwood Park South, Norwood, MA 02062. Telephone: 781-440-9408. Website: www.ins1.org.

If you have any questions about the newly adopted regulation, please contact Bernadette Sutherland, Nursing Practice Consultant, at 502-329-7007 or 1-800-305-2042, Ext 231.

A copy of 201 KAR 20:490, Licensed Practical Nurse Intravenous Therapy Scope of Practice, is printed in its entirety on pages 10 and 11.

ADVISORY OPINIONS INFORMATION

The Board issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Should you have any questions regarding practice matters, please contact Bernadette M. Sutherland, MSN, RN, Nursing Practice Consultant, at the Board office at 502-329-7007 or 1-800-305-2042, Ext 231.



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201 KAR 20:490. Licensed practical nurse intravenous therapy scope of practice.

RELATES TO: KRS 314.011(10)(a), (c) STATUTORY AUTHORITY: KRS

STATUTORY AUTHORITY: KRS 314.031(1), 314.011(10)(c)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.011(10)(c) authorizes the board to promulgate an administration regulation to establish the scope of practice for administering medicine or treatment by a licensed practical nurse and KRS 314.011(10)(a) requires that licensed practical nurses practice under the direction of a registered nurse, physician, or dentist. This administrative regulation establishes the scope of that practice as it relates to intravenous therapy.

Section 1. Definitions.

- (1) "Antineoplastic agent" means a medication that prevents the development, growth, or proliferation of malignant cells.
- (2) "Bolus" means a concentrated medication or solution given over a period of time.
- (3) "Central venous route access device" means a catheter that is inserted in such a manner that the distal tip is located in the superior vena cava, including a peripherally-inserted central catheter.
- (4) "Direction" means a communication of a plan of care that is based upon assessment of a patient by an advanced registered nurse practitioner, a registered nurse, physician, or dentist that establishes the parameters for the provision of care or for the performance of a procedure.
- (5) "Discontinuance" means to stop the infusion of the medication or fluid and does not include removal of the intravenous access device.
- (6) "Mix" means to combine two (2) or more medications or solutions, and does not mean to reconstitute a powder into a liquid, or to dilute a medication or solution to decrease its strength.
- (7) "Peripheral route access device" means a peripherally-inserted intravenous access device that is

less than or equal to three (3) inches in length.

- (8) "Pharmacology" means information on the classification of intravenous drugs, indications for use, pharmacological properties, monitoring parameters, contraindications, dosing, clinical mathematics, anticipated side effects, potential complications, antidotal therapy, compatibilities, stabilities, specific considerations for select intravenous drugs, and administration of intravenous medications to pediatric, adult, and geriatric populations.
- (9) "Procedural sedation" means the administration of intravenous medications to produce a state that allows a patient to tolerate unpleasant procedures and results in a depressed level of consciousness.
- (10) "Push" means manual administration of medication under pressure.
- (11) "Supervision" means the provision of guidance by a registered nurse, advanced registered nurse practitioner, physician or dentist for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed in a safe manner.
- (12) "Supervisor" means the registered nurse, advanced registered nurse practitioner, physician or dentist who provides supervision of the licensed practical nurse's practice as defined in subsection (11) of this section.
- (13) "Therapeutic phlebotomy" means a clinical procedure whereby blood volume is reduced to achieve a therapeutic hematocrit level.
- (14) "Thrombolytic agent" means a pharmacological agent capable of dissolving blood clots.
- (15) "Titration" means adjustment of a medication dosage or rate of solution infusion within a therapeutic range that is based on the assessment of a patient.

Section 2. Education and Training Standards.

(1) Prior to performing intravenous (IV) therapy, the licensed practical nurse (LPN) shall have completed

- education and training related to the scope of IV therapy for an LPN. This education and training shall be obtained through:
- (a) A prelicensure program of nursing for individuals admitted to the program after the effective date of this administrative regulation; or
- (b) An institution, practice setting, or continuing education provider that has in place a written instructional program and a competency validation mechanism that includes a process for evaluation and documentation of an LPN's demonstration of the knowledge, skills, and abilities related to the safe administration of IV therapy. The LPN shall receive and maintain written documentation of completion of the instructional program and competency validation.
- (2) The education and training programs recognized in subsection (1) of this section shall be based on "Policies and Procedures for Infusion Nursing" and shall include the following components:
- (a) Technology and clinical applications;
- (b) Fluid and electrolyte balance;
- (c) Pharmacology;
- (d) Infection control;
- (e) Transfusion therapy;
- (f) Parenteral nutrition; and
- (g) Legal aspects based on KRS Chapter 314 and this administrative regulation.

Section 3. Supervision Requirements.

- (1) An LPN performing IV therapy procedures shall be under the direction and supervision of a registered nurse (RN), advanced registered nurse practitioner (ARNP), physician, or dentist.
- (2) For a patient whose condition is determined by the LPN's supervisor to be stable and predictable, and rapid change is not anticipated, the supervisor may provide supervision of the LPN's provision of IV therapy without being physically present in the immediate vicinity of the



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LPN, but shall be readily available.

- (3) In the following cases, for the LPN to provide IV therapy, the LPN's supervisor shall be physically present in the immediate vicinity of the LPN and immediately available to intervene in the care of the patient:
- (a) If a patient's condition is or becomes critical, fluctuating, unstable, or unpredictable;
- (b) If IV medications or fluids are administered by push or bolus administration, except for saline or heparin to maintain patency of an IV access device;
- (c) If a patient has developed signs and symptoms of an IV catheter-related infection, venous thrombosis, or central line catheter occlusion;
- (d) If a patient is receiving blood, blood components, or plasma volume expanders; or
- (e) If a patient is receiving peritoneal dialysis or hemodialysis.

Section 4. Standards of Practice.

- (1) An LPN shall perform only those IV therapy acts for which the LPN possesses the knowledge, skill, and ability to perform in a safe manner, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative regulation. (2) An LPN shall consult with an RN or other appropriate individual and seek guidance as needed if:
- (a) The patient's care needs exceed the licensed practical nursing scope of practice;
- (b) The patient's care needs surpass the LPN's knowledge, skill, or ability; or
- (c) The patient's condition becomes unstable or imminent assistance is needed.

(3) An LPN shall obtain instruction and supervision as necessary if implementing new or unfamiliar nursing practices or procedures.

(4) An LPN shall follow the written, established policies and procedures of the facility that are consistent with KRS Chapter 314.

Section 5. Functions That May Be Performed. An LPN who has met the education and training requirements of Section 2 of this administrative regulation may perform the following IV therapy functions, except as limited by Section 6 of this administrative regulation and under supervision as required by Section 3 of this administrative

- (1) Calculation and adjustment of the flow rate on all IV
- (2) Observation and reporting of subjective and objective signs of adverse reactions to any IV administration and initiate appropriate interventions;
- (3) For all IV access devices:
- (a) Administration of IV fluids and medications;
- (b) Performance of site care;
- (c) Performance of maintenance;
- (d) Discontinuance of a medication or fluid infusion; and
- (e) Conversion of a continuous infusion to an intermittent
- (4) Insertion or removal of a peripheral route access device;
- (5) Administration, maintenance, and discontinuance of blood, blood components, and plasma volume
- (6) Administration of IV medications and fluids that are

mixed and labeled by an RN, ARNP, physician, dentist, or pharmacist or are commercially prepared;

- (7) Administration of analgesics, antiemetics, the antagonistic agents for analgesics and antiemetics, diuretics, corticosteroids, and saline or heparin to maintain patency of an IV access device via direct push or bolus route:
- (8) Administration of glucose to patients fourteen (14) years of age or older via direct push or bolus route;
- (9) Administration, maintenance, and discontinuance of IV medications and fluids given via a patient controlled administration system;
- (10) Administration, maintenance, and discontinuance of parenteral nutrition and fat emulsion solutions:
- (11) Performance of dialysis treatment; and
- (12) Collection of blood specimens from an IV access

Section 6. Functions that Shall Not be Performed. An LPN shall not perform the following IV therapy functions:

- (1) Administration of tissue plasminogen activators, immunoglobulins, antineoplastic agents, investigational drugs;
- (2) Accessing of a central venous route access device used for hemodynamic monitoring;
- (3) Administration of medications or fluids via arterial
- (4) Administration of medications via push or bolus route except as permitted by Section 5(7) or (8) of this administrative regulation;
- (5) Administration of a fibrinolytic or thrombolytic agent to declot any IV access device;
- (6) Administration of medications requiring titration;
- (7) Insertion or removal of any IV access device, except a peripheral route access device;
- (8) Accessing or programming an implanted IV infusion
- (9) Administration of IV medications for the purpose of procedural sedation or anesthesia:
- (10) administration of fluids or medications via an epidural, intrathecal, intraosseous, or umbilical route, or via a ventricular reservoir;
- (11) Administration of medications or fluids via an arteriovenous fistula or graft, except for dialysis;
- (12) Performance of the repair of a central venous route access device; or

(13) Performance of therapeutic phlebotomy. Section 7. Incorporation by Reference.

- (1) "Policies and Procedures for Infusion Nursing," Second Edition (2002), Infusion Nurses Society, is incorporated by reference.
- (2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Nursing, 312 Whittington Parkway, Suite 300, Louisville, Kentucky, Monday through Friday, 8 a.m. to 4:30 p.m. (30 Ky.R. 2585; Am. 31 Ky.R. 369; 546; eff. 9-15-04.)

INTRAVENOUS ADMINISTRATION OF MEDICATIONS FOR SEDATION BY NURSES

As reported in previous editions of the KBN Connection (Winter 2003-2004, and Spring 2004), the Board was asked to study the roles of nurses in the intravenous administration of various medications given for sedation, analgesia and anesthesia. Such medications included but were not limited to sedative hypnotic agents and narcotic substances.

During the June 10, 2004 meeting, the Board approved further study of this practice issue; subsequently, a meeting of multidisciplinary providers was held. Based on recommendations from this meeting, the Board, on August 19, 2004, approved revisions to its previously issued advisory opinions on the administration of medications for sedation, as follows:

- 1. Revised the Advisory Opinion Statement (AOS # 95-32) entitled "Intravenous Administration of Medication for Sedation by Nurses."
- 2. Revised the opinion on the administration of Propofol/Diprivan for sedation of mechanically ventilated patients by registered nurses, to state:

Diprivan Injection, as an intravenous sedative hypnotic agent and as prescribed, may be administered by a registered nurse qualified by education, experience, and current clinical competency for sedation of intubated, mechanically ventilated patients. Registered nurses skilled in the management of critically ill patients and trained in cardiovascular resuscitation and airway management should administer Diprivan Injection. For general anesthesia, an advanced registered nurse practitioner designated nurse anesthetist who is not involved in the conduct of the surgical/diagnostic procedure should administer Diprivan Injection. Patients should be continuously monitored for maintenance of a patent airway, artificial ventilation, and oxygen enrichment and circulatory resuscitation must be immediately available.

- 3. Revised the opinion on the administration of Etomidate, Diprivan Injection during rapid sequence intubation (RSI) in hospital and aero-medical settings by registered nurses, to state: The administration of medications, such as Etomidate and neuromuscular blocker agents for rapid sequence intubation (RSI) is within the scope of registered nursing practice when:
 - The administration of the medication is performed under the direct supervision/presence of the physician, or advanced registered nurse practitioner designated nurse anesthetist, who is performing the intubation.
 - The nurse is educationally prepared and currently clinically competent to perform the act in a safe, competent manner. Documentation of the nurse's educational preparation and demonstrated clinical competence is maintained.
 - · The monitoring of the patient is according to accepted standards of practice for RSI and is performed according to the facility's established, written policies and procedures.

It is within the scope of registered nursing practice for a registered nurse, qualified by education and clinical competency, to administer medications such as Etomidate, Dipravan Injection and neuromuscular blocker agents, as prescribed, during RSI in aero-medical settings independent of on-site medical supervision. AOS #95-32 is printed in its entirety on page 26

Mark Your Calendar . . .

2005 Kentucky Board of Nursing Conference

Date: Friday, April 29, 2005

Location: Clarion Hotel & Conference

Center, Louisville, KY Key Note Speaker: Andrea Lindell, DNSc, RN - The Future of Nursing

Agenda will include an update on Kentucky Nursing Laws and administrative regulations. Additional information will be available in the next issue of the KBN Connection.

APPLICABLE STATUTES for AOS #95-32, Intravenouse Administration of Medications for Sedation by Nurses

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(8) defines "advanced registered nursing practice" as:

... The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized post basic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include, but not be limited to, prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for nonscheduled legend drugs as defined in KRS 217.905, under the conditions set forth in KRS 314.042. Nothing in this chapter shall be construed as requiring an advanced registered nurse practitioner designated by the board as a nurse anesthetist to obtain prescriptive authority pursuant to this chapter or any other provision of law in order to deliver anesthesia care. The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by regulation.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based

upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c)The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
- Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
- 2.Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;3.Intervening when emergency care is required as a result of drug therapy;
- Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
- Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and

6.Instructing an individual regarding medications.

d)The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care. e)The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

a)The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.

b)The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.

c)The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

d)Teaching, supervising, and delegating except as limited by the board.

e)The performance of other nursing acts, which are authorized, or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Approved: 4/95 Revised: 6/03, 8/04

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The VA offers an EXCELLENT benefits package including competitive salary, 25% weekend and 10% shift differential, immediate accrual of 13-26 vacation days & 10 sick days, ten paid holidays, choice of 8 health insurance plans, life insurance, retirement plan, optional tax deferred savings plan with matching funds, free exercise room, free parking, and extensive medical library.

Applications are being accepted from RN and LPN candidates interested in full-time, part-time, and PRN. Contact: VA Medical Center (Human Resources), 800 Zorn Ave., Louisville, KY 40206; (502) 287-5871; fax (502) 287-6142; or email at julia.grisham@med.va.gov.





Frankfort Regional Focuses on Patient Care Practices and New Technology in Putting Patients First.

Frankfort Regional Medical Center's Patients First approach is clear -Excellent service, Every patient, Every time. The hospital has embraced this philosophy by focusing on patient care practices and new technology.

Patient Care

At Frankfort Regional, you're going to be treated as an individual, with compassion and care, like one of the family. The hospital is part of only 1% of hospitals nationwide to use eMAR, a patient safety system that ensures:

Right patient Right medication Right dose, Right route, Right time.

We have been approved to pilot ePOM, a system that works hand-in-hand with eMAR and enables physicians to enter orders for their patients directly into the hospital's patient care system. The hospital has also begun its pursuit of Magnet Recognition, considered the "Gold Standard" for nursing.

In addition to patient care practices, Frankfort Regional has invested in key medical technologies.

CT Scanner

One of the latest technological advances is the hospital's \$1.2 million high-definition CT scanner. The Lightspeed CT scanner is so fast it can capture clear images of the heart between beats. In addition, it delivers clear, detailed images physicians need to make an accurate diagnosis and provide patients the very best care.

Exams that can be performed with the CT scanner include:

- Cardiac and coronary vessel analysis
- Assessing calcification in coronary arteries
- Assessing trauma in emergency room patients
- · Stroke assessment
- Position and extent of cancer progression
- Lung exam, pulmonary embolism
- Spinal injury
- · Abdominal injury
- · Kidney and liver exams

New Services

Frankfort Regional Medical Center has recently added mobile lithotripsy services, primarily used in the treatment of kidney stones. The third floor has a designated step-down unit for patients on telemetry monitoring from the ICU. Patients with chronic, non-healing wounds can access a multidisciplinary outpatient wound care clinic. Finally, we are preparing for an air medical transport provider to be located on our campus so patients with multi-trauma injuries can have immediate access to a tertiary care provider within minutes of arriving.

As Frankfort Regional Medical Center focuses on putting patients first, community members can rest assured that patients receive excellent care, in a place where they feel right at home.

For more information, log onto our website: FrankfortRegional.com.







What Does It Mean to be a Central Baptist Hospi

By Karen Hill, R.N., M.S.N., C.N.A.A., Vice President/Nurse Executive

n today's environment, with lots of choices for nurses to work in various practice environments, I value the fact that many nurses are still committed to careers in hospital nursing. I have had the privilege of working in an acute care hospital for my entire 24-year career. For more than 20 years, I have

been able to contribute to patient care delivery by being a nurse at Central Baptist Hospital. The talent and skill of the nurses and support staff who work here daily amaze me in our fast-paced, high acuity environment.

"The talent and skill of the nurses and support staff who work here daily amaze me in our fast-paced, high acuity environment." Central Baptist Hospital has committed to launch on the journey to Nursing Magnet status in the next couple of years. As we initiated this project in 2003, many factors prompted us to look into this designation. One of the primary reasons is that achievement of Magnet designation can be a source of pride for the nursing staff and the organization.

Ironically, at Central Baptist Hospital, the process of pursuing Magnet status has resulted in wonderful blessings and outcomes. Perhaps in the end, this was the greater purpose of the process to begin with when first developed by the American Nurses Credentialing Center. But, even if this is not the case, it has been my experience at Central Baptist Hospital.

Several of the most positive outcomes have been:

- Development of the Magnet champion group – Forty-five staff nurses from all departments in the organization meet on a monthly basis to "lead" this effort representing their peers. Not only have I been repeatedly impressed with the dedication of these staff members to patient care, but I also have been impressed with their commitment to their nursing peers and the hospital. For example, to improve physician/nurse communication, this team invited a panel of physicians to discuss with them ideas for increased collaboration and communication. As a result, a new physician/nurse communication sheet has been adopted housewide for implementation in every area to address some concerns.
- Documentation of "Magnet stories" I have learned that there are "stars" all over this



tal Nurse?



facility. Nurses become involved with patients and families on levels of which the public is not aware. At Central Baptist, in the past year we have had nursing staff members arrange weddings at the bedside in ICU; adopt families for special needs; bring in holiday potluck meals for families; and incorporate holistic practices into the care plan because this was a value to the patient as she reached the end of life.

• Incorporation of Dr. Jean Watson's theory of caring into our mission and care delivery system – After analysis, we identified congruencies between the caring philosophy and our commitment to patients. In March 2004, Dr. Watson personally presented an overview of her concept at Central Baptist, as well as suggestions for us as to how to proceed with the implementation. Our nursing department directors, educators and staff champions are continually learning about caring and looking for ways to incorporate key concepts into our various departments. It is a journey, but one that will continue to support and enrich the nursing care we deliver.

Nurses continue to amaze me with their initiative, energy and commitment to patients. Hospital settings can offer unlimited professional opportunities to professional nurses as we work to preserve the essence of nursing practice while defining our approach to care based on new paradigms. The Magnet process has helped in this transformation at Central Baptist Hospital and has served to highlight our nursing staff members, who continue to be committed to meeting the needs of our patients.

Central Baptist Hospital began more than 50 years ago as a dream of a group of Baptist leaders. After years of fundraising and planning, the dream became a reality, and Central Baptist Hospital opened its doors on May 12, 1954. Over the years, Central Baptist has grown from a 173-bed hospital to a 371-bed major medical and research center. Our reputation has grown as well, as we have emerged as a recognized area leader in a variety of services, including women's services, obstetrics, cardiology and oncology.

Today, the hospital's staff of around 2,500 includes more than 900 nurses (part-time and full-time). A Central Baptist nurse has an average of almost 12 years of experience – bringing a wealth of information and expertise to patients' bedsides.

For more information about Central Baptist Hospital, visit www.centralbap.com



DISCIPLINARY*Actions*

BEWARE OF DISCIPLINARY ACTION FOR FRAUD AND DECEIT

The Board of Nursing has become aware that an increasing number of disciplinary cases involve issues of fraud and deceit. Under KRS 314.091(1), the Board has the authority to discipline a nurse's license upon proof that the person is guilty of fraud or deceit in procuring or attempting to procure a license to practice nursing, has been convicted of a misdemeanor or felony involving fraud or deceit, or falsifies essential records. In addition, other actions by a nurse that involve fraud and deceit may result in the nurse being charged with acting inconsistent with the practice of nursing. Some specific examples include:

- Falsifying or forging a time card
- Knowingly accepting overpayment or submitting fraudulent expenses to an employer
- Falsifying a patient record, a nurses note, or Medication Administration Record

- Charting a nursing intervention or medication administration not performed or prior to the performance of the activity
- Stealing from a facility or patients
- Being Convicted of a misdemeanor for Theft by Deception
- Being Convicted of a misdemeanor or felony for • Fraud in Obtaining a Prescription for Controlled Substances
- Falsifying home health records and visits
- Falsifying an initial application or renewal application to the Board

The Board may take action regardless of whether the fraud or deceit occurs in the nurse practice setting. Typical disciplinary action will include a possible reprimand with a civil penalty and additional continuing education hours imposed, limitation and probation of the nursing license for a period of time, or suspension of the nursing license.

KRS 314.991(2) allows the Board to fine a person who willfully makes any false representation to the Board in applying for a license up to five hundred dollars (\$500). In addition, for any violation of KRS 314.091, the Board can impose civil penalties against the violator up to ten thousand dollars (\$10,000). Any formal disciplinary action taken against the nurse's license is published in the KBN Connection and reported to the National Council of State Boards of Nursing.

KRS 314.031 mandates that any nurse, employer of nurses, or any person having knowledge that a nurse is suspected of fraud or deceit to report those suspicions to the Board. Any questions regarding the reporting of potential violations should be submitted to the Consumer Protection Branch of the Board at 502-329-7000, ext. 234 or ext. 242.



Clinical Managers,
Supervisors & Charge Nurses

Nurse Leadership Opportunities

As a Clinical Manager, Charge Nurse or Shift Supervisor at Norton Healthcare, you can expect more respect, more control, more opportunities, and more resources to put your skills into action. That's what you get as a Nurse leader at Norton Healthcare, the largest health care system in Kentucky.

We have positions in several settings and specialties:

- Med/Surg
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- Pediatric ICU

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Email: kim.maffet@nortonhealthcare.org

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DISCIPLINARY Actions

Since the publication of the winter edition of the *KBN Connection*, the Board has taken the following actions related to disciplinary matters as authorized by the *Kentucky Nursing Laws*. If you need additional information regarding disciplinary actions, please contact KBN's Consumer Protection Branch.

DECISION(S) APPEALED BY LICENSEE

Cowgill, Julie Ann Spahr - RN License #1083448 (Russell, KY) Eff. 4/19/04

CEASE AND DESIST NOTICES ISSUED

Pagell, Jerome S. - Madisonville, KY, Cease and Desist Notice mailed 7/15/2004

IMMEDIATE TEMPORARY SUSPENSION OF LICENSE

- * Akin, Jamie Lynn Staples RN License #1097393 (Brandenburg, KY) Eff. 7/12/04 Barnes, Peggy A. Creech – RN License #1060500 (Middlesboro, KY) Eff. 8/26/04 Bradshaw, Minnie B. Sullivan – LPN License #2026883 (Columbia, KY) Eff. 8/25/04
- * Ford, Amanda Gail Ellis LPN License #2035387 (Ewing, KY) Eff.6/24/04
- * Hale, Kimberly J. Pennington LPN License #2028683 (Lexington KY) Eff. 6/24/04
- * Jones, Jeffery Adam-RN License #1088310 (Cumberland, KY) Eff. 5/20/04
- * Jones, Sheldon Leroy, Sr.- LPN License #2032139 (Louisville, KY) Eff. 8/5/04
- * Kutzner, James R. RN License #1057784 (Louisville, KY) Eff. 6/23/04
- * Livingston, Deitra Annelle Guventher LPN License #2035745 (Hopkinsville, KY) Eff. 8/26/04
- * Noffsinger, Pamela Jo Stewart RN License #1090944 (Tennyson, IN) Eff. 8/23/04 O'Bryan, Timothy Eugene – RN License #1092106 (Owensboro, KY) Eff. 7/20/04
- * Spurlock, Susan Raye Carter RN License #1085708 (Prestonsburg, KY) Eff. 6/25/04
- * Williams, Laura S. RN License #1101854 (Evansville, IN) Eff. 8/16/04 Workman, Reginald Dale – RN License #1098206 (Louisville, KY) Eff. 6/25/04
- * Zaker, Dana Calhoon RN License #1077648 (Lexington, KY) Eff. 8/16/04

LICENSE REVOKED

- * King, Carolyn A. Crittenden LPN License #2025867 (Hickman, KY) Eff. 6/10/04
- * Risner, Leticia LPN License #2025609 (Salversville, KY) Eff. 6/10/04

* License has not been returned to KBN

continued on Pages 18-19



Central State Hospital Staff Nurses

all shifts - FT, PT, or PRN

Central State Hospital is an adult psychiatric hospital located in Louisville, KY. Our mission is to provide high quality psychiatric care for adults with serious mental illnesses in order to successfully return them to community living. For over 125 years we have developed a tradition of quality care by assembling compassionate and knowledgeable professionals, working together as a team, to provide multidisciplinary insight and treatment for those we serve.

Adjacent to one of the area's largest community parks, Central State is a modern 192-bed facility located within the eastern suburbs of Louisville. We are easily accessible to the major highways and thoroughfares in Louisville, and serviced by the public transportation system. Our on-site parking is ample, and free.

We are searching for RNs to join our professional staff of caregivers. As a respected and valued professional, you will have opportunity to work as a member of a team of qualified and dedicated professionals planning and implementing care for patients on one of our treatment programs. Full-time, Part-time and PRN positions are available. An RN degree is required, as is an unrestricted KY nursing license. Previous psychiatric experience is preferred, but not necessary. Candidate must have good computer skills.

We offer a competitive salary and benefits package.

Please send resumes to: Central State Hospital

10510 Lagrange Rd. Louisville, KY 40223

Attn: HRD

Or email to: csh.recruiter@ky.gov

Central State Hospital is an Equal Opportunity Employer F/M/D/V

LICENSE IMMEDIATELY SUSPENDED FOR FAILURE TO COMPLY WITH BOARD ORDER OR STAYED SUSPENSION IMPLEMENTED

- * Glover, Vickie Lynn Miller LPN License #2029349 (Bowling Green, KY) Eff. 8/23/04 Griffin, Phyllis C. Hayes LPN License #2022553 (Richmond, KY) Eff. 8/30/04
- * Hayden, Marilyn Denise Wood RN License #1092463; LPN License #2022224 (Lebanon, KY) Eff. 8/30/04

LICENSE SUSPENDED

Levy, Yvonne Lynn Blevins – RN License #1037452 (Pikeville, KY) Eff. 8/19/04

* Mingis, Lisa A. Marion – LPN License #2033842 (Louisville, KY) Eff. 8/19/04

Stroud, Lynetta Kaye Garrett – RN License #1099555 (Fort Knox, KY) Eff. 6/10/04 Underwood, Dawana K. – LPN License #2024037 (Louisville, KY) Eff. 8/19/04

LICENSE CONTINUED ON SUSPENSION

- * Badger, Dennis William Jr. LPN License #2034865 (Louisville, KY) Eff. 6/10/04 Brothers, Jeffrey Scott – RN License #1081111 (Central City, KY) Eff. 8/19/04
- * Hubbard, Rita Grubb RN License #1085144 (London, KY) Eff. 8/19/04 Huppertz, Anna Louise Wolford – RN License #1096270 (Crescent Springs, KY) Eff. 6/10/04
- * Jones, Dana Michelle Brown LPN License #2036105 (Paducah, KY) Eff. 8/19/04 McDonough, Peter RN License #1090733 (Louisville, KY) Eff. 8/19/04
- * Miracle, Anna Collins RN License #1074392; LPN License #2023854 (Lapsed) (Whitesburg, KY) Eff. 8/19/04 Prince, Nancy Ann Wakefield LPN License #2036046 (Columbia, KY) Eff. 6/16/04 Roberts, Kristi Michelle Ledford LPN License #2036926 (Shelbyville, KY) Eff. 8/19/04

LICENSE VOLUNTARILY SURRENDERED

Bowling, Sarah J. Kilburn - RN License #1086395; LPN License #2022004 (Jackson, KY) Eff. 7/8/04

Combs, Joyce K. Clark - LPN License #2028190 (Hazard, KY) Eff. 7/8/04

Cox, Casey Lynn – LPN License #2035516 (Bardstown, KY) Eff. 7/8/04

Goodwin, Craig Albert - RN License #1087975 (Sonora, KY) Eff. 8/18/04

Key, Anna Sue Williams - RN License #1097707 (Ashland, KY) Eff. 6/4/04

Mullins, Stephanie R. Morris - RN License #1084727; LPN License #2027236 (Lapsed) (Bonnyman, KY) Eff. 8/18/04

Payne, Stephanie Marie Steele - RN License #1036780 (Owensboro, KY) Eff. 6/16/04

Tanner, Patti Wilson - RN License #1050434 (Barlow, KY) Eff. 7/8/04

Verbeck, Melissa Marie - RN License #1091708 (Taylorsville, KY) Eff. 6/4/04

Webb, Kellie Renee - RN License #1098361 (Marion, IL) Eff. 6/16/04

LICENSE DENIED

Dadisman, Amy Lynn Tomblin – RN/ARNP Applicant-Endorsement (Morgantown, WV) Eff. 6/10/04 Ledford, Kathleen A. Boyd – LPN Applicant-Endorsement (Bowling Green, KY) Eff. 6/10/04

LICENSE DENIED REINSTATEMENT

Payne, Kathy Gay Spicer – LPN License #2013397 (Owensboro, KY) Eff. 8/19/04 Wallace, Ethel Karen Henson – LPN License #2026212 (Ashland, KY) Eff. 6/10/04

LICENSE SUSPENDED AND STAYED/LIMITED-PROBATED

Gary, Penny Denise Jenkins – RN License #1081870 (Morgantown, KY) Eff. 5/12/04 Jennings, Nichole Marie Parker – LPN License #2036451 (Louisville, KY) Eff. 6/4/04 Morton, Tanya Leigh Hafley – LPN License #2032850 (Lancaster, KY) Eff. 7/8/04 Pepper, Christl Denise Hicks – RN License #1071317 (Cadiz, KY) Eff. 6/4/04

LICENSE TO BE REINSTATED LIMITED/PROBATED

Adams, Beverly K. Hopkins – RN License #1069060 (Philadelphia, TN) Eff. 8/18/04 Lewis, Tamela Simmon Sloan – LPN License #2027341 (Grayson, KY) Eff. 6/10/04 Newnum, Karen Kay Barber – RN License #1086551 (Lafayette, LA) Eff. 6/10/04 Smiddy, Denise Ann Martinicky – RN License #1076151 (Radcliff, KY) Eff. 8/19/04 Smith, Tammy Lynn Muncy – RN License #1080383 (Debord, KY) Eff. 8/19/04 Walker, Desiree Estelle James – LPN License #2036599 (Frankfort, KY) Eff. 8/18/04

ADMIT TO EXAM LIMITED/PROBATED

Butler, Sharon R. Hester - RN Applicant/Examination (Hopkinsville, KY) Eff. 6/4/04

LICENSE LIMITED/PROBATED

Dotson, Nikki Yvonne – RN License #1076219 (Elkhorn City, KY) Eff. 8/18/04 Chancellor, Ray D. – RN License #1025839 (Versailles, KY) Eff. 7/8/04 Clark, Melissa D. – RN License #1101066 (Mayfield, KY) Eff. 6/16/04 Davis, Kelley Elizabeth – RN License #1097295 (Owensboro, KY) Eff. 5/12/04 Hutchins, Sherry Renee – RN License #1089531 (Louisville, KY) Eff. 6/16/04 Medley, Ginger Carole Snapp – LPN License #2036691 (Winchester, KY) Eff. 8/18/04

* License has not been returned to KBN Schussler, Christina M. – RN Applicant/Endorsement (Muncie, IN) Eff. 6/17/04 Smith, Tony Lee – RN License #1088779 (Booneville, KY) Eff. 6/16/04 Webb, Susan K. Pearl – LPN License #2032924 (Grand Rivers, KY) Eff. 7/8/04

ADMIT TO EXAM/REPRIMAND

Hayes, Patricia J. - LPN Applicant/Examination (Berea, KY) Eff. 7/8/04

REPRIMAND

Atwell, Kali Lauren – RN License #1099846 (Louisville, KY) Eff. 6/4/04

Barnes, Sheila Karen Ross - LPN License #2009085 (Lancaster, KY) Eff. 6/4/04

Blanford, Martha Sue - RN License #1075417 (Louisville, KY) Eff. 6/16/04

Boston, Kristen Alayne Chapman - RN License #1091289 (Louisville, KY) Eff. 6/16/04

Davis, Rebecca Jean Eichert - RN License #1077057 (New Albany, IN) Eff. 6/4/04

Day, Caroline Bruce - RN License #1096435 (Lexington, KY) Eff. 6/4/04

Emrick, Catherine Ann - RN License #1087222 (Louisville, KY) Eff. 6/4/04

Gerstle, James Lee - RN License #1084647 (Louisville, KY) Eff. 7/8/04

Greenwell, Angela Kathleen - RN License #1096732 (Bardstown, KY) Eff. 6/16/04

Hughes, Therisa Clay Robinson - RN License #1090218; LPN License #2024227 (Lapsed) (Georgetown, KY) Eff. 6/4/04

Kelly, Margaret A. Kennedy - RN License #1056590 (Louisville, KY) Eff. 6/4/04

Mathis-Shelby, Kathy A. Morrison – RN Applicant/Endorsement (Clarksville, TN) Eff. 8/18/04

Miller, Samantha Ann Evans – LPN License #2025925 (Owingsville, KY) Eff. 8/18/04

Selvaraj, Vanaja Kandaswamy - RN License #1069913 (Louisville, KY) Eff. 6/16/04

CONSENT DECREES ENTERED APRIL 15, 2004 - AUGUST 31, 2004

Imposition of civil penalty for practice without a current active license, temporary work permit, or ARNP registration

Imposition of civil penalty for failure to meet mandatory continuing education requirement for renewal of license

LICENSES REMOVED FROM PROBATION APRIL 15, 2004 - AUGUST 31, 2004:

A listing of all reported lost or stolen licenses can be found at www.kbn.ky.gov. A duplicate license or registration has been issued for these individuals. Please note that no action has been taken on these licenses as a result of the duplication process.

Outstanding Skills. Endless Compassion.

"I'm excited about Owensboro Medical Health System's partnership with Jewish Hospital for our cardiac services."

Keith Fleming, RN

Owensboro Medical Health System OR Manager

As You Consider Joining Our Team, We Offer:

- Nursing Scholarships
- Educational Assistance
- Fast Track Orientation for Better Scheduling
- A Mentoring Program for A Smoother Transition

Owensboro Medical Health System (OMHS) is a 447-bed hospital serving Western Kentucky and Southern Indiana. We have the support of over 2,300 employees and a medical staff of over 170 physicians.

We're excited about a "partnership of healthy hearts" with Jewish Hospital of Louisville, whereby they manage our cardiac service line.

Also, we're pleased to be opening the **NEW Mitchell Memorial Cancer Center in 2005**, to serve the 750 cancer patients who come to us every year.



For a confidential interview: 270-688-2788

www.omhs.org

3

20

14

KBNCONNECTION

has a New Look!

Many changes have occurred at the Kentucky Board of Nursing (KBN) during the past year or so. You are reading one of those changes right now. Beginning with this issue, the KBN Connection, has a new, more professional look. The new publisher is using advertising revenue to cover the cost of the publication, allowing employers to connect with potential employees, and allowing increased communication between KBN and licensees on nursing practice and

legislative matters. We are proud to share information with you through this new quarterly journal, and we hope that you continue to find it helpful.

As changes occur, KBN's goal remains the same – providing public safety. Board members and staff work diligently to implement public protection measures as outlined in the Kentucky Nursing Laws. KBN strives to give Kentucky's licensed nurses and caregivers the best, most easily accessible services possible. In keeping



We have a 116 year tradition of providing dedicated, quality healthcare to our community. We invite you to join our team of caring professionals.

Now accepting applications and conducting immediate interviews for the following positions:

DIRECTOR OF QUALITY RESOURCE

Excellent opportunity for a well-motivated individual to assume the responsibilities for the hospital's quality initiatives, JCAHO preparedness and Patient Safety. Successful candidate will have demonstrated ability to lead an acute care organization through a successful JCAHO survey and have a thorough working knowledge of JCAHO standards as well as a thorough understanding of the principles of the National Patient Safety Goals. Position requires proven track record in Quality Services with demonstrated measurable outcomes and minimum of 3-5 years comparable management experience. Understanding of the Tracer Methodology preferred. Current Kentucky RN license required. CPHQ certification preferred.

INFECTION CONTROL PRACTITIONER/ ENVIRONMENT OF CARE COORDINATOR

Full time position. Current unrestricted KY RN licensure or certification as MT(ASCP). Three to five years of experience in infection control required. CIC and or completion of CDC or APIC training program preferred.

REGISTERED NURSE

FT, PT and PRN positions. Day or night shifts available. Current KY RN license required.

- Med/Surg and Ortho/Neuro
- Surgery
- Telemetry
- ICU/Vascular

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DISCIPLINARY ACTION REPORTING

A new section has been added to the KBN website listing disciplinary actions for Kentucky nursing licensees/applicants. The information is updated on a daily basis, making the reporting of these actions much more accessible to employers and the public. Disciplinary actions will continue to be reported in the KBN Connection

STATISTICSCorner

As of September 15, 2004,
KBN records show:
RN Active49,023
LPN Active14,085
RN Inactive4,032
LPN Inactive1,104
Advanced Registered Nurse
Practitioners 2,774
Sexual Assault Nurse
Examiners
Dialysis Technicians Active
Dialysis Technicians Inactive
112

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Phone (859) 226-7000 • Fax (859) 226-7004 www.samaritanhospital.com with this mission, you will find an abundance of information on the KBN website. There is an online renewal and address change system. With the new web-based systems, you can verify a nurse's license, temporary work permit, nurse aide certification, home health aide certification, and check the Nurse Aide Abuse Registry. You can now download data rosters directly from the website, and take advantage of a subscription plan for this service. Disciplinary actions are now

reported on the website, as well as continuing to be published in the KBN Connection. On the website, you will find downloadable forms, applications, advisory opinion statements, laws, regulations, imposter alerts, immediate temporary suspensions, publications, and presentation and conference schedules, as well as a multitude of other topics. Nursing practice and education issues are listed there, along with updated information on licensure and continuing

education requirements.

KBN would like to know how you like the new journal format for the newsletter, and welcome your input to help us determine if our communication efforts are meeting your needs. Let us know! Call, write, or email us with comments, suggestions, and/or feedback . . . we want to hear from you!

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HIGHLIGHTS OF BOARD ACTIONS

HOUSEBILL 72 IMPLEMENTATION

Approved revisions, with editorial changes, to the following administrative regulations:

201 KAR 20:085 Licensure periods

201 KAR 20:110 Endorsement

201 KAR 20:215 Continuing competency

requirements

201 KAR 20:225 Reinstatement 201 KAR 20:230 Renewal

201 KAR 20:240 Fees for applications and for services

201 KAR 20:370 Applications for licensure and registration

201 KAR 20:411 SANE Program standards and credential requirements

201 KAR 20:070 Exam

201 KAR 20:095 Retired nurse licensure status

EXECUTIVE DIRECTOR SEARCH PROCESS COMMITTEE

Accepted the letter from Sharon Weisenbeck, Executive Director, giving notice of retirement effective August 2005. Appointed Marcia Hobbs, Chair; Peggy Fishburn; Ann Fultz; Catherine Hogan; and Mary Gail Wilder to the Executive Director Search Process Committee with a charge to recommend a process and timeline for hiring a new executive director.

NATIONAL COUNCIL OF STATE BOARDS OF NURSING

Directed that the National Council of State Boards of Nursing (NCSBN) be notified of willingness to participate in a survey of new Kentucky nurses that do not participate in a transition program prior to 2006, at which time the clinical internship will become a requirement prior to taking the licensure examination. The NCSBN Practice and Education Committee intends to study the outcomes of programs that transition new nurses to practice. A comparison of the results with new nurses who have not been in transition programs will be done with those who participated in a transition program.

NURSING EDUCATION

- Accepted an application from Henderson Community College, Henderson, and Southern Ohio College, Ft. Mitchell, to establish a practical nursing program; and accepted an application from Galen Health Institute, Louisville, to establish an associate degree nursing program.
- Granted development approval status to the proposed practical nursing extension program by Maysville Community College, Licking Valley Center, Cynthiana. Approved the revised guideline, *Analysis Report of Factors Which Contributed to the Graduates' Performance on the NCLEX-RN Examination*.
- Directed that a plan of action addressing the recommendations and requirements to be met as stated in the May 2004 Survey Visit Report of the Program of Practical Nursing, Spencerian College, Louisville, be submitted to the Education Committee by January 2005.

NURSING PRACTICE

- Appointed Sheila Ward, MSN, CNM, as an ARNP representative to the KBN Advanced Registered Nurse Practice Council.
- Referred to the Practice Committee the June 28, 2004 letter requesting an opinion from KBN as to whether it was within the scope of practice for a Certified Registered Nurse First Assistant to perform punch biopsies and small skin excisions.
- Directed that a letter of response be sent regarding opinion requests on the following topics: An advanced registered nurse practitioner (ARNP) providing cardiac rehabilitation; nurse administration of Versed (Midazolam) via a physician-prescribed protocol for treatment of terminal restlessness; nurses performing laser hair removal; administration of local anesthetics to dental patients by registered nurses; review of normal diagnostic test result reports by registered nurses; and roles of registered nurses in reading x-rays to confirm peripherally inserted central catheter placement.
- Approved proposed revisions to the following advisory opinion statements:
 - AOS #91-25

Peripheral Insertion of Central, Midclavicular and Midline Intravenous Catheters by Nurses

• AOS #87-14

Roles of Nurses in the Implementation of Patient Care Orders

CONSUMER PROTECTION

- Directed that the criteria for admittance to the KARE program as revised be added to the Hearing Panel Proposed Decision Worksheet.
- Directed that KBN Administrative Regulation 201 KAR 20:370, Section 1(5) shall apply to any applicant who has been found by a court of competent jurisdiction to be in default of a Nursing Incentive Scholarship Fund award.

GOVERNANCE PANEL

Directed that the KARE for Nurses Panel be dissolved and its functions merged into the Credentials Review Panel.

NURSING INCENTIVE SCHOLARSHIP FUND AWARDS

Directed the funding of 23 continuation applications (\$60,000), 109 new applicants through the 65-point range (\$103,000), and 125 new applicants through the 60-point range to include the LPN to RN and RN in graduate program preference categories (\$366,000). It is further directed that if scholarships are declined, additional applicants in the 60-point range be considered for scholarship monies not to exceed total scholarship expenditures for FY 2004-2005 of \$735,000.

DISCIPLINARY ACTIONS

Approved 23 Proposed Decisions and received reports on the approval of 60 Agreed Orders.

Continuing Competency Requirements continued from Page 6

Changes in the HIV/AIDS CE Requirements

House Bill 140 passed by the 2001 Regular Session of the General Assembly allows KBN to require the 2 hours of mandatory HIV/AIDS CE to be earned once every 10 years instead of once every 2 years. LPNs earning period is from November 1, 2001 through October 31, 2011. RNs earning period is from November 1, 2002 through October 31, 2012. Nurses are required to maintain proof of earning the required CE for up to 12 years.

Requirements for New Licensees

All licensees are exempt from the CE/competency requirement for the first renewal period of the Kentucky license issued by examination or endorsement. If an individual does not renew the original license, the exemption for the CE/competency is lost and all CE requirements must be met before the license can be reinstated.

Academic (College Credit Courses) Used to Meet CE Requirements

Certain college credit courses may be used to meet the CE Requirements. Nursing courses, designated by a nursing course number, and courses in physical and social sciences such as Psychology, Biology, and Sociology will count toward CE hours. One semester credit hour equals 15 contact hours; one quarter credit hour equals 12 contact hours.

If a college course does not fall within these designated categories, and a nurse feels the course is applicable to his/her nursing practice, an Individual Review Application may be submitted to the Board for review of the course. There is a charge of \$10 for this service, and the application must be submitted to the Board by November 30th of the licensure year.

Prelicensure general education courses, either electives or designated to meet degree requirements, are not acceptable. CPR/BLS, in-service education, or nurse aide training are not acceptable for nursing CE. ACLS or PALS courses are acceptable for CE hours if given by an approved provider.

National Nursing Organizations Recognized by the Kentucky Board of Nursing for Approval of Continuing Education **Offerings**

American Academy of Nurse Practitioners (AANP) American Association of Critical Care Nurses (AACN) American Association of Nurse Anesthetists (AANA)

American College of Nurse-Midwives (ACNM)

American Nurses Credentialing Center (ANCC) of the American Nurses Association (ANA)

Accredited Providers including ANA Constituent State Nurses' Associations

Association of Women's Health, Obstetrical and Neonatal Nurses (AWHONN)

National Association of Nursing Practitioners in Women's Health National Association of Pediatric Nurses Associates & Practitioners (NAPNAP)

National Association for Practical Nurses Education & Service (NAPNES)

National Federation of Licensed Practical Nurses (NFLPN) National League for Nursing (NLN)

Other State Boards of Nursing

Note: HIV/AIDS CE approved through the Cabinet for Health *Services (CHS) is also accepted.*

KARE FOR NURSES PROGRAM

The Kentucky Alternative Recovery Effort (KARE) for Nurses Program is a confidential, non-disciplinary monitoring program. KARE offers an opportunity for education, treatment and recovery for the chemically dependent nurse. Participants must meet the eligibility criteria and voluntarily enter into an agreement with the KARE for Nurses Program. All requests for information and/or assistance, and records of all participants are strictly confidential. Participants in KARE will remain anonymous to KBN as long as the participant is compliant with the Agreement.

The purpose of KARE is to identify and assist nurses whose abilities to provide nursing care are compromised by chemical dependency (alcohol and/or drugs). The foundation of KARE is the belief that chemical dependency is treatable and that the recovery and return of a nurse to safe and competent nursing practice is in the best interest of the public and the profession. Educational offerings about KARE, chemical dependency in nursing, and treatment are available for employers of nurses, professional organizations, nurses, and others.

For additional information, contact Paula Schenk, KARE for Nurses Program Manager, at 800-305-2042, Ext. 236, or 502-329-7028. You may also visit the KBN website at http://kbn.ky.gov.

ADDRESS AND NAME CHANGES

Kentucky Revised Statute 314.107 and Kentucky Administrative Regulation 201 KAR 20:370, Section 1(11), require a licensee to notify the Board upon establishment of a new mailing address. Effective immediately, for security purposes, the Kentucky Board of Nursing will no longer accept address changes via electronic mail. Address changes can routinely be made online on the KBN website at http://kbn.ky.gov/address_change.htm. In order for your nursing license record to be updated, you must either submit the change online, or complete an Address Change Form (there is a link to the form on the web page listed above), and mail it to the address provided on the form. Please note that address changes for certified nurse aides can be done online at the same site. A name change fee of \$35 is also being proposed. This fee would be paid whenever a nurse changes his or her name with the Board.



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LIFEPOIN

ADVISORY OPINION STATEMENT

INTRAVENOUS ADMINISTRATION OF MEDICATIONS FOR SEDATION BY NURSES

KENTUCKY BOARD OF NURSING 312 Whittington Parkway, Suite 300 Louisville, Kentucky 40222-5172 (800) 305-2042 or (502) 329-7000 http://kbn.ky.gov

INTRODUCTION

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of It is issued as a guidepost to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

ACCOUNTABILITY AND RESPONSIBILITY OF NURSES

KRS 314.021(2) holds nurses individually responsible and accountable rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

ADVISORY OPINION

The Board has received multiple inquiries as to whether the intravenous administration of pharmacological agents for sedation is within the scope of nursing practice. After review of the statutes governing nursing practice, curricula of prelicensure and continuing education nursing programs, standards of nursing practice, and study of the issues and concerns regarding the administration of intravenous medication for sedation, the Kentucky Board of Nursing issued this advisory opinion modeled in part from the Position Statement on the "Role of the Registered Nurse (RN) Management of Patients Receiving IV Conscious Sedation for Short-Term Therapeutic, Diagnostic, or Surgical as published in the Procedures" Association of Operating Room Nurses (AORN) Journal, Volume 55, No. 1, January 1992. In addition, nurses are

referred to the Association Perioperative Registered Nurses, (p.k.a. AORN) Recommended Practices for Managing the Patient Receiving Moderate Sedation/Analgesia, (Effective January 1, 2002).

A. Administration, Management and Monitoring by Registered

It is within the scope of registered nursing practice to manage the care of patients receiving IV sedation during therapeutic, diagnostic, or surgical procedures provided the following criteria are met:

- 1. Administration of IV sedation medications by non-anesthetist RNs is allowed by institutional procedures, and protocol.
- 2. An attending physician/provider selects and orders the medications to achieve IV sedation.
- 3. Guidelines for patient monitoring, drug administration, and protocols for dealing with potential complications or emergency situations are available and have been developed in accordance with accepted standards of practice.
- 4. The registered nurse managing the

care of the patient receiving IV sedation shall have no other responsibilities that would leave the patient unattended or compromise continuous monitoring.

- 5. The registered nurse managing the care of patients receiving IV sedation is able to:
 - Demonstrate the acquired knowledge of anatomy, physiology, pharmacology, cardiac amhythmia recognition and complications related to IV sedation and medications.
 - Assess total patient requirements during IV sedation and recovery. Physiologic measurements should include, but not be limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
 - c. Understand the principles of oxygen delivery, respiratory physiology, transport and uptake, demonstrate the ability to use oxygen delivery devices.
 - d. Anticipate and recognize potential complications of IV sedation in relation to the type of medication being administered.

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- e. Possess the requisite knowledge and skills to assess, diagnose and intervene in the event of complications or undesired outcomes and to institute nursing interventions in compliance with orders (including standing orders) or institutional protocols or guidelines.
- f. Demonstrate skill in airway management resuscitation.
- g. Demonstrate knowledge of the legal ramifications of administering IV sedation and/or monitoring patients receiving IV sedation, including the RN's responsibility and in the event of an untoward reaction or lifethreatening complication.
- 6. The institution or practice setting has in place an educational/competency validation mechanism that includes a process for evaluating and documenting the individual's demonstration of the knowledge, skills, and abilities related to the management of patients receiving IV sedation. Evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

B. Additional Guidelines

- 1. Intravenous access must be continuously maintained in the patient receiving IV sedation.
- 2. All patients receiving IV sedation will be continuously monitored throughout

- the procedure, as well as the recovery phase by physiologic measurements including, but not limited to, respiratory rate, oxygen saturation, blood pressure, cardiac rate and rhythm, and patient's level of consciousness.
- 3. Supplemental oxygen will be immediately available to all patients receiving IV sedation and administered per order (including standing orders).
- 4. An emergency cart with a defibrillator must be immediately accessible to every location where IVsedation administered. Suction and a positive pressure breathing device, oxygen, and appropriate airways must be in each room where IV sedation is administered. 5. Provisions must be in place for the immediate availability of personnel who are experts in airway management, emergency intubation, and advanced cardiopulmonary resuscitation complications arise.

Further, the Board issued the following advisory opinions:

• While the registered nurse who administers intravenous sedation is acting on a specific medical order for a specific client, the registered nurse has the right and obligation to refuse to administer and/or continue to administer medication(s) in amounts that may induce anesthesia and/or loss of consciousness.

- The administration of IV medication for sedation is not within the scope of licensed practical nursing practice.
- The administration of medications producing general anesthesia, or given for the purpose of general anesthesia, and the monitoring of patient's responses to such medications are within the scope of practice of the ARNP designated nurse anesthetist. The administration of regional anesthesia and the monitoring of the patient responses to such medications are within the scope of practice of the ARNP who is educationally prepared and clinically competent in the performance of the procedures. The intravenous administration of medications for the purpose of anesthesia is not within the scope of registered nursing or licensed practical nursing practice.

DETERMINING SCOPE OF

PRACTICE

In addition to this advisory opinion statement, the Kentucky Board of Nursing has published Scope of Practice Determination Guidelines that contain a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be obtained from the Board office or via the Board's website at http://kbn.ky.gov.

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ADMINISTRATION OF MEDICATION WITHOUT A MEDICAL ORDER IN LIFE THREATENING SITUATIONS

It was the advisory opinion of the Board that the administration of a legend medication without a valid prescription is not within the scope of nursing practice. The statutes defining registered nursing practice and licensed practical nursing practice authorize the administration of medication as prescribed, but do not authorize the nurse to prescribe medication.

The Board recognizes that emergency situations will arise that require the administration of legend medications and the necessary medication may not be prescribed or the nurse may be unable to contact the patient's medical provider for an order. When this occurs, the nurse should immediately inform the nurse's supervisor of the situation. The facility's Medical Director should also be contacted as needed.

In addition, health care facilities and medical providers should pre-plan for emergency situations. Protocols can be established that provide for safe care, including the administration of medication in an emergency situation.

PATIENT SAFETY **INITIATIVES**

The mission of the Board is to protect public health and welfare development and enforcement of state law governing the safe practice of nursing. In light of this mission, the Board is examining its role in assuring that nurses are educationally prepared and clinically competent in utilizing the vast amount of information available on patient safety and reduction of medication errors. Nurses are encouraged to be well informed about patient safety initiatives promoted by numerous organizations and agencies.

One reference available to nurses is "Nurse Advise-ERR," a peer reviewed newsletter published by the Institute for Safe Medication Practices (ISMP). The publication, designed to educate the health care community about safe medication practices, has published such articles as ISMP List of Error-Prone Abbreviations, Symbols and Dose Designations (July 2004). Many of the items on the list have resulted in patient harm after being misinterpreted. such these items should be avoided in handwritten, preprinted and electronic forms of communication.

newsletter is available www.ismp.org/NursingArticles/index.htm.



Applications are being accepted for the following positions available at Appalachian Regional Healthcare's ARH Regional Medical Center in Hazard, KY in preparation for start-up of the new open heart service. Current opportunities are:

Nurse Manager - Cardiac Care with position responsibilities including management of cardiac care nursing services on a given shift in order to provide safe, effective and efficient nursing care. Position requirements include graduation from an approved School of Nursing, unrestricted Kentucky RN licensure or eligibility with clinical experience in Cardiac Care and management skills

STAFF NURSE I POSITIONS IN:

ICU, Open Heart, Med/Surg, Telemetry and OR

LPN POSITIONS IN:

Med/Surg, Telemetry and OR LPN Scrubs for Open Heart and OR

OR TECHS IN:

Open Heart and OR

PHYSICIAN ASSISTANT:

Open Heart Surgery

RNs enjoy a very competitive pay scale and positions afford the opportunity to enjoy pay options including: Full Time Benefited; Non-Benefited which is base salary plus 25% salary rollup in lieu of benefits; work 3 12-hour shifts and paid for 40 hours; every other weekend off; shift differential; double time for holidays worked plus another day off with pay. New graduates are urged to check out our opportunities

Requirements include completion of an approved school or clinical program and appropriate Kentucky

Benefits include single or family health insurance coverage with maximum yearly premium of \$500; 3 weeks paid vacation and 9 paid holidays per year; paid sick leave accrual; temporary disability benefits, etc.

For additional information, please send resume to or contact:

Sonya Bergman, Human Resources ARH Regional Medical Center 100 Medical Center Drive Hazard, KY 41701

Marilyn Hamblin, Human Resources Appalachian Regional Healthcare PO Box 8086 Lexington, KY 40533

606-439-6843 or 606-439-6841 FAX: 606-439-6682 • e-mail: sbergman@arh.org

1-800-888-7045, Ext. 532 FAX: 859-226-2586 • e-mail: mhamblin@arh.org

EOE. Positions are immediately available but inquiries are welcome at any time.



Appalachian Regional Healthcare The Medical Centers of the Mountains

University Hospital



"I'm sharing new ideas with a new generation of health care professionals."

University Hospital is a state-of-the-art, 404 bed acute care facility, providing a full range of diagnostic, therapeutic, emergency, and surgical services, including the area's only Level I Trauma Center. As the primary adult teaching hospital for the U of L Health Sciences Center, we train the next generation of health care professionals. Our knowledge of the latest medical treatments and techniques means patients at University Hospital receive the most up-to-date treatment in the region.

University Hospital offers competitive wages and benefits. Some of our benefits include:

Medical, Dental, Life Insurance Tuition Reimbursement 403(b) Plan Retirement Plan Long and Short-term Disability Employee Recognition Programs

Please contact **Human Resources at 502-562-3156** for information on openings for **RN's** or visit our web site at **www.UofLHealthcare.org** for a list of openings.

Creating The Knowledge To Heal

U should know: We are the only Level I Adult Trauma Center in the region.

a proud member of Uof L. Health Care

PRESORTED STANDARD U.S. POSTAGE PAID LITTLE ROCK, AR PERMIT NO. 1884

Where exploring your options means expanding your future.



At Central Baptist Hospital, we provide the options you need to expand your nursing career.

From the wide range of benefits we offer, to our dedicated employee education programs, we're invested in your choice to pursue a nursing career with us.

Like you, we've made a commitment to providing the best possible care to our patients. Our commitment to technology includes leading-edge cardiac catheterization and MRI equipment.

But we're even prouder of our commitment to our employees and their dedication to our hospital. To recognize our outstanding nursing staff, we recently embarked on a journey to pursue Magnet Hospital designation.

For more information about your career options at Central Baptist Hospital, visit our Career Center at www.centralbap.com



CENTRAL BAPTIST HOSPITAL

www.centralbap.com

